

Arkansas Dietetics Licensing Board

5800 W 10th St. Suite 103 Little Rock, AR 72204 (501) 661-2530 ardiet@arkansas.gov

Instructions for Applicant renewal:

- Incomplete applications will be returned to applicant.
- Please type or print legibly.
- Allow up to 2 weeks for the Application process to be completed.
- Send completed and signed application, copy of current CDR card, CEU log showing at least
 12 credits in the past 12 months, and NONREFUNDABLE application fees to:

Arkansas Dietetics Licensing Board

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✓ Make check or money order payable to: Arkansas Dietetics Practice Fund

✓ DO NOT SEND CASH. IT WILL BE RETURNED WITH APPLICATION

New Application Fees	
*Renewal Fee	\$ 50.00
*Late Fee	\$ 25.00
Replacement Card	\$ 25.00

The following information is being requested in compliance with ARK. Code Ann. 25-1-117

Applicant's Name	
Last First Middle Maiden	
Home address	
Street or Box Number City State ZIP Code	
County	
Phone: Home ()Work () Cell ()	
Email address	
Social Security Number Date of Birth	
Place of Birth	
City State County Country	
GENDER: () Female () Male () Non-binary	
RACE: () White () Black/African American () American Indian/Alaska Nat	ive (
() Other	
ETHNICITY: () Hispanic or Latino () Not Hispanic or Latino	
RD # LD # LD Exp Date:	
☐ I am submitting a photocopy of current CDR registration card	
J ram submitting a photocopy of current ODIX registration card	
Institution of professional education and training:	
Are you considered an Arkansas State Employee? (example: School Food Service;	Coopera
Extension; UAMS; AR Dept of Health or Arkansas City or County).	
Vaa Na	
Yes No	

Employer's address	:	
City	State	zip code
County	Telephone:	
Your Job Title:		
	=	r certification as a Dietitian denied, revoked, cancelled, or briefly state the reason
Have you ever beer	n convicted of a felony o	r misdemeanor? YES NO
If Yes, provide Date	of Conviction	_ Where convicted
	If conviction was	set aside, give date and explain, using additional pages if
This information <u>mu</u>	<u>st</u> be provided yearly.	
•	is application for licensun provided are true and	re to the best of my ability and affix my signature that all accurate.
	Signature	Date
ADLB OFFICE USE Date Received	_	CDR Card
Amount Received _		Check/Money Order #
Approved		CEU Hours